PÂTENT APPLICATION SES DEVERMINATION SES								Application or Docket Number					
PÂTENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								(0780135					
CLAIMS AS FILED - PART I SMALL ENTRY OTHER													
7	OTAL CLAIM	S	Colu	m 1)	(Co	lumn 2)	1	TYPE			OTHER THAN OR SMALL ENTITY		
-	OR		1	111111111111111111111111111111111111111				RATE			RATE	FEE	
TOTAL CHARGEABLE CLAIMS			-	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 385.0	∞ o	P BASIC FE	770.00	
-				12-minus 20=				X\$ 9.		0	R X\$18=		
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PR				· V minus 9 =				X43=			X86=		
<u> </u>				·				+145=		0,		1	
• t	the difference		TOTAL	385		<u> </u>	 						
	CLAIMS AS AMENDED - PART II								791	_ J o,		RTHAN	
Γ.	1-17	(Cotumn 1)		(Column 2) (Column 3				SMALL	ENTITY	OR	SMALL	ENTITY	
MENDMENTA		REMAINING AFTER AMENDMENT		PREVIO	ER USLY	PRESENT : EXTRA		RATE	ADDA TIONA FER		RATE	ADDI- TIONAL	
ĝ	Total 3	. 12	Minus	-20	2	•0		X\$ 9=	1	OR	X\$18=	FEE	
Y	Independent	1.2	Minus	<u> 3</u>		0		X43-	1-	†	1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	-\o\u0		 	
						•	l	+145= YOTAL		OR		ļ	
		(Column 1)	•	(Colum	n 21	(Column 3)	. 1	DOTT. FEE	L	OR	ADDIT. FEE	<u> </u>	
AMENDMENT B		CLAMS REMAINING		HIGHE	81 .	PRESENT	ſ		-ADDI-	٦. ١		ADDI-	
		AFTER AMENDMENT		PREVIOL PAID R	JSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	• /7	Minus	- 1	Q	•	F	X\$ 9=		OR	X\$18= 1	FEE	
	Independent	- 3.	Minus		3		I	X43=		OR	- X86=		
-1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+290=		
										OR OR	TOTAL		
		Al	XDIT. FEE		JUH	ADDIT, FEE							
,	• •	(Column 1) CLAIMS REMAINING		(Column Highes Number	1	(Column 3) PRESENT	Г	·	ADDI-	1		ADDI-	
MENDINERI	<u>.</u>	AFTER AMENOMENT	•	PREVIOUS PAID FO	SLY	EXTRA		PATE	TIONAL FEE		RATE	TIONAL	
	Total	• •	Minus	**		g .		X\$ 9=			X\$18=	FEE	
	ndependent	•	Mirius .	444		•	-	X43=		OR			
	PIRST PHESENTATION OF MULTIPLE DEPENDENT CLAIM.										X86		
of the entry in column 1 is less than the entry in column 2, write "0" in column 3,													
()	of the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." / ADDIT. FEE												
Th	• "Highest Numb	per Previously Paid	For (Total or I	Independent	ts the h	ighasi number (c	bund	in the appr	opriate box	in colur	mo 1,		
										٠		1	

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